

# YUKON WHOLISTIC HEALTH NETWORK

## MEMBERSHIP APPLICATION

### CONTACT DETAILS

Box 31581, Whitehorse, YT Y1A 6L2

[ywhn99@yahoo.ca](mailto:ywhn99@yahoo.ca)

[www.ywhn.org](http://www.ywhn.org)

### YWHN Mandate

- To promote Wholistic Health in the Yukon through Education, Networking, and Advocacy, in support of practitioners and interested people alike
- To promote good health practice and informed decision making

### YWHN Mission

- To **educate** ourselves and our community about Wholistic Health
- To **network** and share with other Wholistic Health providers/supporters
- To **advocate** for Wholistic Health in the Yukon

### MEMBERSHIP BENEFITS

- Listing on YWHN Website and Practitioner Search Engine
  - Participation in YWHN Programs and Planning
- Participating on committees and in events sponsored by YWHN



### COST OF MEMBERSHIP

\$15 per year renewable in January

\$120.00 for a lifetime membership

\$200.00 for a business lifetime membership



-----Tear off -----

Mail in to: **Box 31581, Whitehorse, YT Y1A 6L2**

Name (printed) \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Full mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address/Website address: \_\_\_\_\_

I am a practitioner \_\_\_\_\_ supporter \_\_\_\_\_ other \_\_\_\_\_

My area(s) of specialization/interest: \_\_\_\_\_

I would like to serve on a committee \_\_\_\_\_; help with specific tasks/events \_\_\_\_\_

I enclose: (a receipt will be issued)

\$15 annual membership \_\_\_\_\_

Lifetime membership fee \_\_\_\_\_

One-time donation \_\_\_\_\_